

**LOCAL DISTRICT OF SOCIAL SERVICES/ARTICLE 29-I HEALTH FACILITY ATTESTATION
FOR PROVISION OF COURT ORDERED OR MANDATED MEDICAL CARE**

Dear Medicaid Managed Care Plan:

The Medicaid Managed Care/HIV Special Needs Plan/Health and Recovery Model Contract requires an individual's Medicaid managed care plan cover services pursuant to an order of a court of competent jurisdiction and/or mandated by the local district of social services, where such services are included in the Medicaid managed care plan's benefit package. Reimbursement for covered services from an ordered/mandated provider is required whether or not the provider is a member of the managed care plan's provider network.

This attestation is to inform you that _____
(Name of LDSS/29-I Health Facility)

is in receipt of a(n):

___ order of a court of competent jurisdiction: _____ on _____
(Name of Court) (Date)
___ service mandate issued by the Commissioner of the local district of social services of
_____ county on _____
(Date)

and that the following individual, _____
(Enrollee's First and Last Name) (CIN)

has been ordered to receive the following:

A. Mental health, substance use disorder, and/or other medical treatment as

follows: _____ at:

(Name and address of treatment provider)

for a minimum duration of: _____

and a maximum duration of: _____.

B. An evaluation or assessment to be conducted by: _____
and the specified treatment/treatment provider recommended by the evaluator.

By signing this form, _____ (LDSS/29-I Health Facility) attests that the above services are contained in the referenced court order and/or service mandate from the local district of social services which requires the provision of the services as set forth above. A record of this court order and/or service mandate has been included in the individual's case record.

(Signature of LDSS/29-I Health Facility Representative)

(Date)

(Title)

(Phone and Email)

NOTE: The treatment provider and/or evaluator must contact the individual's Medicaid Managed Care Organization to register the court-ordered/mandated evaluation, assessment and/or treatment plan.